									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/772129					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			16		1			RATE FEE		FEE	] i	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS					*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 min	nus 3 =	*		X40=		OR	X80=	-		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+135=				OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	i	TOTA	٩L	<b>†</b>	OR	TOTAL	
CLAIMS AS AMENDED - PART II											<b>.</b>	OTHER	
	graphical for the speciment of the second se	(Column 1)		(Column 2)			SMALL				OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	. 17	Minus	.3	0	=		<b>X</b> \$ 9	)=		OR	X\$18=	
ME	Independent	. 4	Minus 、	***	3	= [		X40	_		OR	25.00	200
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1	<u> </u>	
							l	+135			OR	+270= TOTAL	
							ADDIT.		TAL EE		OR	ADDIT. FEE	
		(Column 1) CLAIMS	}	(Colui		(Column 3)	lr		1	•==:	, ,	<b>/**</b>	
MENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	:
AMEND	Independent	*	Minus	***		=		X40:	=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PLE DEPENDENT CLAIM				+135				. 270	
									= TAL		OR	+270= TOTAL	
	ADDIT. FE										OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											· · · · · · · · · · · · · · · · · · ·	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=	
	Independent	•	Minus	***	ţ.	=	╽┠	X40=	┇┪			X80=	
	FIRST PRESE	NTAȚION OF M	JLTIPLE DEPENDENT CLAIN				╽┟		_		OR		
+135=											OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OF											OR	TOTAL ADDIT. FEE	
		mber Previously P aber Previously Pa					r fou	nd in the	apr	ropriate box	r in cof	umn 1	